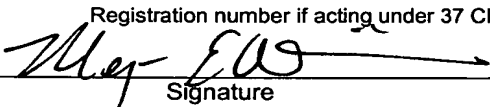
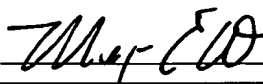




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|---|------------|--|-----------|
| REQUESTION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004) | | Docket Number (Optional) ELI-029 | |
| Application Number 10/812636-Conf. #3487 | | Filed March 29, 2004 | |
| For METHODS AND COMPOSITIONS FOR CONVERSION OF ANTIBODY ACTIVITY | | | |
| Art Unit 1645 | | Examiner Not Yet Assigned | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | Fee | Small Entity Fee | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110.00 | \$55.00 | \$ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$430.00 | \$215.00 | \$ 215.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$980.00 | \$490.00 | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1,530.00 | \$765.00 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2,080.00 | \$1,040.00 | \$ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> . I have enclosed a duplicate copy of this sheet. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____ | | | |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>43,270</u> | | | |
|  _____ Signature | | <u>October 21, 2004</u> Date | |
| <u>Megan E. Williams</u> Typed or printed name | | <u>(617) 227-7400</u> Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

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| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 419930508 US, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | |
| Dated: October 21, 2004 | Signature:  (Megan E. Williams) |